

PART B -FEE(S) TRANSMITTAL

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Lisa Swiszc Hazzard	(Depositor's name)
/Lisa Swiszc Hazzard/	(Signature)
January 27, 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/543,119	July 22, 2005	Morito Akiyama	63834(70904)	9509

TITLE OF INVENTION: PIEZOELECTRIC DEVICE AND FABRICATION METHOD THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	no	\$1,510.00	\$300.00	\$1,810.00	02/04/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
K. B. Addison	2834	310-364000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- | | |
|---|-----------------------------------|
| 1 | Edwards Angell Palmer & Dodge LLP |
| 2 | David G. Conlin |
| 3 | Lisa Swiszc Hazzard |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

National Institute of Advanced Industrial Science and Technology

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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- ☐ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1105

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Lisa Swiszc Hazzard/

Date January 27, 2009

Typed or printed name Lisa Swiszc Hazzard

Registration No. 44,368

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on January 27, 2009
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Lisa Swiszc Hazzard

Typed or printed name of person signing Certificate

44,368

Registration Number, if applicable

(617) 517-5512

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Issue Fee Transmittal (1 page)

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